MO HealthNet PA Criteria Proposal

Medical Procedure Class:	**DME OXYGEN**
Implementation Date:	**July 29, 2008**
Prepared for:	**MO HealthNet**
Prepared by:	**ACS-Heritage Information Systems, Inc.**

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of oxygen.

Why was this Issue Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	E0424RR - Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing E0431RR - Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing E0434RR - Portable liquid oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing E0439RR - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing E0439RRQF - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed) E0439RRQG - Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM E1390RR - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E1390RRQF - Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed

	flow rate > 4 LPM (and portable oxygen is prescribed E1390RRQG - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM E0441NU - Oxygen contents, gaseous (for use with owned gaseous stationary system or when both a stationary and portable gaseous system are owned), one (1) month's supply = 1 unit E0442NU - Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one (1) month's supply = 1 unit E0443NU - Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used), one (1) month's supply = 1 unit E0444NU - Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one (1) month's supply = 1 unit K0738RR – Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable oxygen containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

Setting & Population:	All MO HealthNet fee-for-service participants

Data Sources:	☒ **Medicare LCD**	☒ **MHN Consultants**

Setting & Population

- Procedure Group for review: E0424, E0431, E0434, E0439QF, E0439QG, E0439, E0441, E0442, E0443, E0444, E1390, E1390QF, E1390QG, K0738
- Age range: All MO HealthNet fee-for-service participants

Approval Criteria

Requirements 1-5 must be met:

1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy; and

2. Alternative treatment measures have been tried or considered and deemed clinically ineffective; and

3. The qualifying blood gas study was performed by a physician or by a qualified provider or supplier of laboratory services; and

4. The qualifying blood gas study was performed under one of the following conditions:

a. If performed during an inpatient hospital stay; the reported test must be the most recent blood gas study performed no earlier than 2 days prior to discharge; or

b. If performed on an outpatient basis, the reported test was performed while the patient was in a chronic, stable state.

AND

5. The blood gas study meets one of the following groups of criteria:

GROUP I

a. An arterial PO2 at or below 55 mm HG or an arterial oxygen saturation at or below 88% taken at rest (awake); or

b. An arterial PO2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89% while awake; or

c. A decrease in arterial PO2 more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia; or

d. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO2 at or above 56 mm HG or an arterial oxygen saturation at or above 89% during the day while at rest. In this case oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.

GROUP II

An ABG PO2 of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes, or during exercise and any of the following:

a. Dependent edema suggesting congestive heart failure; or

b. Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF); or

c. Erythrocythemia with a hematocrit greater than 56 percent.

Denial Criteria

- Pt. does not meet qualifying disease or symptom criteria for home oxygen therapy.
- Alternative treatment measures have not been tried or have not been considered and deemed clinically ineffective.
- The blood gas study does not meet testing requirements.
- Criteria for home oxygen therapy are not met.

Quantity Limitations

- 1 month = 1 unit

Disposition of Edit

Denial; Exception 675

Approval Period

Group 1:

- Initial – Physician specified length of need up to 12 months.
- Recertification – Physician specified length of need (including lifetime).

Group 2:

- Initial – Physician specified length of need up to 3 months.
- Recertification – Physician specified length of need up to 3 months.